

#103-8411 200th Street
Langley, BC V2Y 0E7

Tel: (604) 888-0050
Fax: (604) 888-1008

Royal Claims Services Ltd

CLAIM NO: _____

INSURED: _____

NAME: _____

(Above office use only)

OTHER INSURANCE DECLARATION FORM

The Accident Policy as purchased by your sports association provides coverage in excess of any private or government medical/dental plan. **If you incur medical or dental expense as the result of sports injury, you are required to submit those expenses to your government or private medical dental plan. Only expenses not covered by MSP (the provincial plan for province you reside in) will be considered. Any primary coverage you have in excess of the provincial plan must also be utilized first.**

If in the event your personal medical/dental plan does not provide full reimbursement, you are then eligible to submit the amounts *not paid* to your sports association for processing.

Please clarify your situation by checking on of the following:

Yes, I do have private coverage but I do not believe that they will provide full reimbursement and would ask that you keep my claim open until we receive clarification of the amount of the expenses not covered by them, at which time I will forward the amount not covered by them to you for your consideration.

No, I do not maintain any private medical/dental coverage. The expenses I am submitting are not covered by any other primary plan.

If you are a minor, then your parents or legal guardian must complete this form on your behalf.

DATE: _____

NAME: _____

(Please Print)

SIGNATURE: _____

THIS FORM IS TO BE SUBMITTED WITH EVERY SPORTS ACCIDENT CLAIM FORM, DULY COMPLETED AND SIGNED.



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Toll free 1 800 993 6388
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NOTIFICATION OF CLAIM ALBERTA SOCCER ASSOCIATION

Full Name of Insured Person _____ Male/Female _____ Date of Birth D/M/Y _____

If a Minor, give Full Name of Parent or Guardian (Relationship) _____

Name of Team or League For Which You Were Playing/ Age group/ Division/District _____

Date of Injury _____ Date First Treated By Dentist (If applicable) _____

Explain, in Detail, How the Accident Occurred?

Was It During a Practice Period of Playing a League Game? _____ Where Game or Practice was Taking Place _____

Nature of Injury _____

Name of Dentist or Doctor _____

Address _____ Apt. _____ City _____ Province _____ Postal Code _____

What Other Hospital, Medical or Dental Insurance Do You Have?

Signature of Insured or Guardian _____ Date _____ Telephone Number _____

Address _____ Apt. _____ City _____ Province _____ Postal Code _____

CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE

Name of Team/League/Association _____ Policy Number or Certificate Number _____

What Sport is Team Engaged In? _____ Was He/She Injured While Playing in a League Game or in a Practice? _____

Was the Above Player a Member At The Time of Injury? _____ On What Date Did He/She Join the Team? _____

Signed _____ State Position in Club _____ Telephone Number _____

Address _____ Apt. _____ City _____ Province _____ Postal Code _____